

## PHASE 2: WHAT WE HEARD

### What was the goal of this member engagement?

Based on input you provided in [Phase 1 of engagement](#) on the issue of gender equity, we drafted a policy statement with commitments for action by Doctors of BC and recommendations for action by external parties to improve gender equity in the medical profession. For this second phase of engagement, we sought your input on these draft commitments and recommendations to help refine them before finalization of the gender equity policy statement.

### How did we seek member input?

#### Phase 1

All-member online engagement seeking input on key themes from a literature review and 1-on-1 in-depth interviews with physicians with gender equity research experience and/or knowledge.

#### Phase 2

All-member online engagement to confirm and refine draft commitments and recommendations informed by Phase One input.

### What did we ask?

We used two tools to ask for member input:



A survey asking you to gauge your support for the commitments and recommendations.



An ideas board asking you to provide additional thoughts on gender equity and the draft commitments and recommendations.

### Who participated?

51 participants

#### Type of practice

Family physician: 49%  
Specialist: 49%  
Other: 2%

#### Practice setting

Community-based: 41%  
Facility-based: 20%  
Both: 39%

#### Geographic setting

Urban: 59%  
Semi-urban: 27%  
Rural: 14%

#### Gender

Female: 86%  
Male: 8%  
Another gender/not specified: 6%

# WHAT DID WE LEARN?

Overall, there was broad support for the commitments (86%) and recommendations (85%), and the majority of respondents saw them as important starting points for improving gender equity in BC medicine. They were pleased this work is being done and reconfirmed the gender equity issues identified in the draft statement.

Respondents who were opposed to the commitments (9%) and recommendations (9%) were skeptical as to whether there is a gender equity issue in medicine and questioned why a policy statement is needed. They suggested focusing efforts on other disparities, such as the challenges faced by rural versus urban physicians or the primary care crisis.

Some respondents were neutral on the commitments (6%) and recommendations (5%) and expressed a mix of skepticism, uncertainty, and lack of strong opinions on the direction of the policy statement.

The most common suggestions from respondents aligned with issues we aimed to address in the draft commitments and recommendations. These include the need:

- For Doctors of BC and health system partners to raise awareness among doctors, patients, and other health care workers of gender bias in the medical profession.
- For Doctors of BC and health system partners to better support women with childcare options, improved parental leave benefits, and more flexible hours for leadership and committee opportunities.
- To better fund time spent with patients and patient complexity because female physicians tend to be referred more complex patients who require more time and have more questions.
- To focus on gender pay equity within and between Sections, particularly female-dominated versus male-dominated specialties.
- To support more research to determine if/how gender impacts non-compensation related issues like rates of burnout, distribution of administrative duties, rates of physical and emotional abuse from patients, and number or outcome of College complaints.

## WHAT'S NEXT

*Doctors of BC will use these findings to further refine the commitments and recommendations in the policy statement on gender equity before it is finalized and shared with members and stakeholders. This policy statement will form the basis of Doctors of BC's position on gender equity in medicine and be used to advocate for improvements in key areas for the purpose of contributing to systemic change.*